

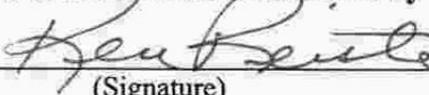
STATE OF SOUTH DAKOTA

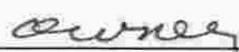
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Statement of Legal Newspaper Ownership and Circulation 8 2023

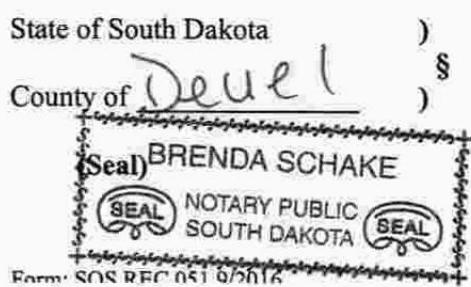
1. TITLE OF NEWSPAPER Volga Tribune		2. DATE 9-28-2023 SD Secretary of State
3. FREQUENCY OF ISSUE Weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY 51	3B. ANNUAL SUBSCRIPTION PRICE \$54.98/59.90
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) 203 Kasan Ave., PO Box 18, Volga, Brookings County, SD 57276-0621		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) RFD Newspapers, Inc., 203 Kasan Ave., PO Box 18, Volga, SD 57071-0018		
6. FULL NAME OF PUBLISHER: Ken Reiste		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.) FULL NAME RFD Newspapers, Inc., Ken Reiste COMPLETE MAILING ADDRESS PO Box 830, Clear Lake, SD 57226-0830		
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.) None		
9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)	500	450
B. PAID AND/OR REQUESTED CIRCULATION 1. Sales through dealers and carriers, street vendors, and counter sales.	60	70
2. Mail Subscription (Paid and or requested)	360	357
3. Paid Electronic Copies	35	39
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)	455	466
D. FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS	0	0
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	10	10
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	465	476
F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing	35	13
2. Return from News Agents	0	0
G. TOTAL (Sum of E, F1 and F2 - Should equal total shown in A.)	500	450

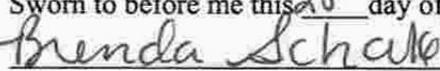
Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
I swear that the statements made by me are true, correct, and complete:


(Signature)


owner

(Title)



Sworn to before me this 28 day of September 2023

Brenda Schake
Notary Public
My commission expires: 9-21-27